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TR	RANSMITTAL	Filing Date		ber 5, 2003	
	FORM	First Named Invento	r Shinzo	Matsui	
		Art Unit	2851		
(to be used for	all correspondence after initial	filing) Examiner Name	Melissa	a J. Koval	
Total Number of	f Pages in This Submission	Attorney Docket Nur	SAS2-F	PT065	
		ENCLOSURES (Che	ck all that apply	y)	
Y Fee Trans	smittal Form	Drawing(s)		After Allowance Communication to T	
× Fe	ee Attached	Licensing-related Pape	rs	Appeal Communication to Board of Appeals and Interferences	
Amendment/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
		Petition to Convert to a			
		Provisional Application Power of Attorney, Rev	ocation	Proprietary Information	
		Change of Correspond		Status Letter Other Enclosure(s) (please Identify	
Extension	of Time Request	Terminal Disclaimer		Other Enclosure(s) (please Identify below):	
Express Abandonment Request		Request for Refund		Form-PT0-1449	
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rm Name	SIGNA	TURE OF APPLICANT, A	TTORNEY, C	OR AGENT	
	VOLPE AND KOEN	IG, P.C.			
ignature	Cymhe O'Dan	W			
rinted name	RYAN W. O'DONNE				
ate	November 13	5, 2005	Reg. No.	53,401	
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<u></u>	C	ERTIFICATE OF TRANSI	MISSION/MAI	ILING	
ereby certify that stage as first clas	this correspondence is being s mail in an envelope addres	facsimile transmitted to the USPTO sed to: Commissioner for Patents, F	or deposited with P.O. Box 1450, Ale	the United States Postal Service with sufficient exandria, VA 22313-1450 on the date shown below	
Typed or printed name RYN W. O'DONNELL Date Date Ve ve mbe 5 45					

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PACEMAN Effect	tive on 12/08/:	2004.	Ī		plete if Known		
Effective on 12/08/2004. Fees pursuant of the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number	Application Number 10/729,528			
FEE IK	ANS	SMITTAL	Filing Date		cember 5, 2003	3	
	r FY 2		First Named Invento		nzo Matsui		
			Examiner Name		lissa J. Koval		
Applicant claims small	entity status	s. See 37 CFR 1.27	Art Unit	285			
TOTAL AMOUNT OF PAY	MENT (\$	3) 300.00	Attorney Docket No		S2-PT065		
METHOD OF PAYMEN	T (check a	Il that apply)					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee winder 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038.							
FEE CALCULATION							
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity							
Application Type	Fee (\$)	Fee (\$) Fee (\$	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150 500	250	200	100		
Design	200	100 100	50	130	65		
Plant	200	100 300	150	160	80	*	
Reissue	300	150 500	250	600	300		
Provisional	200	100 0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 25 26 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20							
•	Extra Claim			ultiple D	ependent Claims	1	
HP = highest number of total of Indep. Claims	claims paid for Extra Claim	ns Fee (\$) Fee	Paid (\$)	Fee (\$)	Pee Paid 0.00	<u>1 (\$)</u>	
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for each additional : <u>Total Sheets</u> - 100 = 4. OTHER FEE(S)	drawings of 50 sheets of Extra Sheets	/ 50 =	e 35 U.S.C. 41(a)(1)(ach additional 50 or fra (round up to a whole	(G) and action th	37 CFR 1.16(s). nereof <u>Fee (\$)</u>		
Non-English Specific	cation, \$1	130 fee (no small entity	/ discount)				

SUBMITTED BY			
Signature	lyan W. O Dark	Registration No. 53,401 (Attorney/Agent)	Telephone 215-568-6400
Name (Print/Type)	Ryan W. O'Donnell		Date November 15 2005

Other: Petition for Extension of Time One (1) month; Information Disclosure Statement (IDS)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.